SCJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)																		
1. CIR./DIST/DIV. CORSE 2:13 PRESONSCENCES   DOCUMENT 3 Filed 03/07/18 volverge 1 Page D: 3 Charles 0 Kara																		
13-9057		4. DIST. DKT./DEF.	4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER											
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY				E PERSON REP		10. REPRESENTATION TYPE												
United States v.  Felony			☐ Petty Offense		Adult Defendant		(See Instructions)											
Charles O'Kara			Other			CC												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.																		
Conspiracy (18 USC 371)																		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS					13. COURT ORDER  ☑ O Appointing Counsel ☐ C Co-Counsel													
Vincent I InDon'in Por					☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney													
Vincent J. LaPaglia, Esq.					☐ P Subs For Panel Attorney ☐ Y Standby Counsel													
200 Washington Street - Suite 500					ttorney's													
Hob	oken, New Jersey 07	7030			ointment Dates:													
(201) 222,6615					☐ Because the above-named person represented has testified under oath or has otherwise													
Telephone Number : (201) 222-6615					satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel? Ind begins the interests of justice so require, the attorney whose													
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  name					wish to waive counsel, and before the interests of justice so require, the attorney whose name appears in Item, 12 is supported to represent this person in this case, OR  Other (See Instruction)													
														Signature of Presiding Judge or By Order of the Court				
														3/7/13				
Date of Order Nunc Pro Tunc Date																		
							the person represented	d for this service at time										
				appoin	appointment.													
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16. a. Interviews and Conferences				Line or a least			Variation of the second of the											
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22. CLAIM STATUS																		
Have you previously applied to the court for compensation and/or reimbursement for this YES NO If yes, were you paid? YES NO																		
Other than from the Court, have you, or to your knowledge has anyone else, received paymen (compensation or anything of value) from any other source in connection with this																		
representation?   YES   NO If yes, give details on additional sheets.																		
I swear or affirm the truth or correctness of the above statements.																		
Signature of Attorney Date																		
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23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT.																		
28. SIGNATURE OF THE PRESIDING JUDGE				DATE		28a. JUDGE CODE												
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENS		ES	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED													
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved DATE 34a. JUDGE CODE								DE										
	in excess of the statutory threshold amount.																	